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AUTHOR Wandersman, Lois Pall; Wandersman, Abraham
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ABSTRACT

This paper describes the Family Development Project which is aimed at developing a systematic model of parenting support for new families and evaluating its effects on family development. The project focuses on Parenting Groups consisting of 6 to 10 couples who meet together as soon after delivery as possible, weekly for 6 weeks, and monthly for 4 more sessions, to discuss topics of interest and share experiences. Topics covered in parenting group sessions include initial adjustment to the baby, infant development, baby care, and husband and wife relationship after the baby. Meetings often feature films or guest speakers. Extensive questionnaire data collected for 26 couples who have been in the Parenting Groups will be contrasted with data for a comparison group of 33 motivated couples with similar backgrounds. The questionnaires measure changes in parents' moods, sense of well-being, feelings of competence, attitudes toward child rearing, perception of the baby, and couples' marital satisfaction and sharing. The basic goals and assumptions of the Family Development Project are elaborated. (JMB)

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# A Parenting Support System to Facilitate Parental Competence in the Postpartum Period

Lois Pali Wandersman
Demonstration and Research Center for Early Education

and

Abraham Wandersman
Center for Community Studies

The John F. Kennedy Center for Research on
Education and Human Development

George Peabody College
Nashville, Tennessee

This paper was presented at Conference:
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Department of Early Childhood Education
Georgia State University
Atlanta, Georgia

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Nurturing the Development of Parental Competence

in the Postpartum Period

For some time now, evidence has been accumulating that having a baby is a crisis for which couples are unprepared and for which old roles and adjustments are inadequate (LeMasters, 1957; Caplan, 1964; Dyer, 1963; Holmes & Rahe, 1967; Rossi, 1968).

Burton White (1975) summarizes the three major obstacles that families cope with in trying to do the best they can for their children and which can interfere with the development of competent children and competent parents: ignorance, stress and lack of assistance. "Just before and soon after the baby is born is a special time. A lot of parents are traumatized. They suddenly come face to face with the reality that they've got responsibility for this fragile little thing and they don't know what to do (White, 1975, p. 40)."

Rapid change in the prevailing views on childrearing and the isolation of the nuclear family make the traditional informal modes of dissemination of childrearing information through modelling and exchanging inadequate. Although there has been a proliferation of new aids to parenting, these have not, for a variety of reasons, filled the need new parents voice for support during the initial crisis after childbirth.

For families of newborns, patterns of family interaction have not solidified, so that families at this time are especially open to support. Caplan (1964) contends that "during the upset of a crisis, a person usually has an increased desire to be helped and is more susceptible to influence than during periods of relatively stable functioning." This would appear to be especially true in the new family which is adjusting to each other.

Although many small-scale, informal post-partum groups now exist, their approaches have not been systematic and their effects have not been documented. The Family Development Project aims at developing a systematic model of parenting support for new families and evaluating its effects on family development.

The Family Development Project grew out of our own experiences, crises, and satisfactions with our baby. It aims at making the difficult job of parenting less isolated and more rewarding through information, sharing experiences, and social support.

The Parenting Groups provide the main focus of the project. Groups of 6 to 10 couples begin meeting as soon after delivery as possible, and meet weekly for 6 weeks and monthly for 4 more sessions. Each meeting focuses on a topic of interest to new parents, often featuring a film or guest speaker. Each meeting integrates information with informal discussion and sharing experiences. Topics are tailored to the interests of the group. Topics include initial adjustment to the baby, infant development, baby care, husband and wife relationship after the baby, etc.

(Appendix I). Groups are led by a male-female team, trained in group leadership skills and experienced in parenting.

The basic goals and assumptions of the Family Development Project are similar to those of group education for family life:

> to help parents become more familiar with basic concepts of child growth and development and parent-child interaction from a dynamic point of view; to recognize some of the crisis points in different stages of the normal family cycle; to clarify the parents' own role and those of their children, within the family and the community; and to enlarge their understanding of the complexity of their everyday situations so that they will have a wider background against which to make choices (Auerbach, 1968, p. 5).

Like parent group education, the Family Development Project recognizes the importance of the parent's own activity in structuring the learning experience through influencing its content, applying his/her own experience to it, and applying it to his/her own experience. However, it assumes that for different purposes different methods may be most appropriate: for example, mixing (a), sharing experiences to provide social support; (b) didactic teaching to provide child development information, and (c) role playing to practice communication skills.

The Family Development Project is concerned with making the experience of becoming a family an opportunity for development for each of its members and dyads and for the family as a whole. The Family Development Project is based on the following assumptions:

--Having a first baby is seen as a developmental problem for the

parents as individuals, couples, and as a family. It is a crisis in that "Roles have to be reassigned, status positions shifted, values reoriented, and needs met through new channels(LeMasters, 1957)." The impact of the parenting crisis will depend on (1) the nature of the crisis, (2) the stage of organization or disorganization of the family at the point of parenting, and (3) the resources of the family (Shereshefsky & Yarrow, 1974), and (4) its previous experience with crises. For example, the impact of the parenting crisis for a particular family will depend on (1) having a normal or problem infant (handicapped, premature), (2) being a close-knit or differentiated couple or a single parent, (3) having personal resources (money, skills, maturity), a social network (friends, relatives), and a service network (medical professionals, discussion groups), to provide support during the crisis, and (4) the nature of previous adaptations to stresses (coping, fleeing).

--The resolution of the parenting crisis can represent developmental growth for the individuals, dyads, and family systems. Effective adaptation to parenting can involve developmental growth for the family and all its subsystems. Less effective adaptations to parenting crises can involve developmental fixation or regression of any of the family subsystems or even the dissolution of the family.

--Effective adaptation to the parenting crisis can be facilitated by increasing the resources available to the family. This can include augmenting personal resources (e.g., increasing parenting skills), strengthening the social network (e.g., contacting

parents who are in the same period or who have resolved crises), and strengthening the service network (providing a parenting support system directly aimed at reaching this group as well as coordinating other services for these families).

The Family Development Project is engaged in trying to augment the resources available to the family on each of these fronts. At present, extensive questionnaire data has been collected for 26 couples who have been in the Parenting Groups and for a comparison group of 33 motivated couples with similar backgrounds at three points in the postpartum period: (1) about two months postpartum (start of meetings), (2) six weeks later, (3) about eight months postpartum (end of meetings). The questionnaires measure changes in parent's moods, sense of well-being, and feelings of competence as a parent, in attitudes toward child rearing and perception of the baby, and in couples' marital satisfaction and sharing. This work includes the development of a scale on sense of parental competence. Couples who have been in Parenting Groups will be contrasted with other motivated couples in their adjustments over the postpartum period.

Now that many of the traditional supports for child rearing have diminished, it is important that we develop innovations to facilitate the development of competent parents and competent children.

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